SIRTH NO	II ÁLE B MAR	2 4040	THE	DIVISION	OF HE	ALTH OF MISS	OURI			.5284°	
1. PLACE OF DEATH 2. COUNTY 3. COUNTY 1. COUNT	HILL MAN	ə 194 9	STAN	NDARD (CERTIF	ICATE OF D	EATH	State Fi	le No	J.C.J.	
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2. I hereby certify that I attended the deceased from Jan 30, 19 47; to Jell, 19 47, that I last saw the deceased alive on 10 1949; and that death occurred at m., from the causes and on the date stated above. 30. SIGNATURE (Degree or title) 23b. ADDRESS 23c. DATE SIGNED 2 3 4 40. BURIAL. CREMA- 24b. DATE 24c. NAME OF CEMETERY OR GEMATORY 24d. LOCATION (Oity, town, or county) (Bidie) 2 23 49 Fairview Cemetery Joplin, Missourie 2 23 49 Fairview Cemetery Joplin, Missourie 2 25 FUNERAL DIRECTOR'S SIGNATURE 136 25 5 5 5 5 5 5 5 5	1d. TIME (Mooth) OF INJURY	(Day) (Year) (E	WHI			211. HOW DID INJU	IRY OCCUR?				
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ate rect by Local Registrar's Signature 2-25-45 Webb City, Mo-	LE. BURIAL, CREMA	- 24b, DATE	A 2	<i></i>		Y OR CHEMATORY	24d. LOCA	TION (City, town.	or countary	(Bustier	
To the Dalo James Rept of Suns 7.					ew Ce			.7 4			
(Licensed Embelmet's Statement on Reverse Side)	DATE REC'D BY LOCAL 2-25-49	REGISTRAR'S SI	GNATURE	zec	138	B. FUNERAL DI	Lewis	Webb	citi	y, Mo	
		THE WAR	-	(Licemed En	belmer's S	tatement on Reverse	Side)				

I hereby certify that the body whose name is	recorded on the reverse si	de of this certifi	icate was embalm	ed by me, or by	
	·	Stu	udent Embalmer	Mo	*************************
working under my personal supervision.		R	4	<u></u>	
	•	4	11/	$\prime\prime$. o	

Signed Licensed Embalmer No. 45%

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure of comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.